®A(O 1012 (Rev. 12/	02)												
TRAVEL VOUCHER (Read the Privacy Act Statement on the back) 1. OFFICE OR COURT UNIT							2. TYPE OF TRAVEL TEMPORARY DUTY PERMANENT CHANGE OF STATION			3. VOUC	JMBER			
	a. NAME (Last,	first, mid	dle initial)				b. SOCIA	L SEC	CURITY NO.	5. PERIOD OF TRAVEL				
4. TRAVELER (PAYEE)				,			,				a. FROM		b. TO	
	c. MAILING AD	nclude ZIF	P Code)				d. OFFIC	E TEL	EPHONE NO.	6. TRAVE	L AUTH	 HORIZATION		
				,							a. NUMBER(S)		b. DATE(S)	
	e. PRESENT DI	JTY STAT		f. RESI	IDENCE (City	and Sta	te)							
 7. T	RAVEL ADVAN	ICE					8. OPTIONAL							
a. Total of all Outstanding Advances								mbers of th	e trav	el advances				
	Amount to be ap		Some in	spaid at										
C.	Amount Repaid			1										
	Attached: C													
d. Balance Outstanding						Travel Adv This informati	mbers provided by the							
-	RANSPORTAT ICKETS			any right I ma cash payment				n connection with	reimbursabl	e transp	ortation charges			
	ist by number belov								OINTS OF	TRAV	'EL			
	ttach passenger co paid by the travele		DATE TOTAL		PAID BY		HARGED TO GTA (Centrally Billed							
	aim on the reverse		ISSUED COST a. b.			TRAVELER c.	8	Account) d.		FROM e.			TO f.	
;	I certify that the p and correct to the claimed on this vo	best of n	this trip w	as official b	usiness and, ief; further, I	further, that the	this claim eived an	n for reimbu y other pay	rseme ment o	nt of travel exper or credit for the tr	nses is true ravel expens	ses		
TRAVELER SIGN HERE								DATE				\$		
NOTI	E: Falsification of than \$10,000 c									may result in a f	ine of not m	ore		
	I have reviewed t reasonable and in travel policies.					FOR FINANCE OFFICE USE ONLY A. DIFFERENCES IF ANY (Explain								
VOUCHER REVIEWER SIGN HERE DATE							and show amount)							
12. I approve the business purpose of this trip(s) and reimbursement for the amount claimed appears reasonable.								TAL VERIF	\$					
APPROVING OFFICIAL							c. AP	-						
SIGN HERE DATE						_	T TO TRAV	\$						
		FY	FUND	BUD (200	COST ORG	_ DDOC	SRAM E	3OC	SUB 02	SUB 03	SUB	04 SUB 05	

ACCOUNTING CLASSIFICATION:

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED

INSTRUCTIONS TO TRAVELER (Unlisted items are self-explanatory)

Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages and relationship to employee and martial status of children (unless information is shown on the travel authorization.) See Guide, Vol 1, CH VI for more information.

Complete only for actual expense travel (i)

- ol. (d-f) Show amount incurred for each meal, including taxes and tips, relating to the meal being itemized.
 - g) By calendar day, total the daily cost of meals.
 - (h) By calendar day, show the daily cost of incidentals, such as tips for maid services, forgotten items (eg., toothbrush), etc.
 - Show the daily lodging cost excluding taxes for claims under actual expense method or per diem method.
 - (j) Show total subsistence expense incurred for actual expense travel.
 - n) Show locality per deim amount or total of lodging plus M & IE rate if required by authorization, or total of actual expenses not to exceed the applicable maximum rates.

(n) Show other expenses such as local transportation (fares for bus, taxi, limousine, or subway, etc.) offical telephone calls, baggage handling, car rental, or relocation expenses other than subsistence.

Complete information if this is a continuation sheet.

PAGE OF

PAGES

TRAVEL AUTHORIZATION NO.

TRAVELER'S LAST NAME

			1						er than subsiste				
	TIME (Hour and am/pm) (b)	DESCRIPTION (Departure/Arrival city, per diem computation, or other explanations of expense) (c)	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE:	AMOUNT CLAIMED		
DATE			MEALS BREAK-				MISC. SUBSIS-		TOTAL SUBSISTENCE	NO 05			
(a)			FAST (d)	LUNCH (e)	DINNER (f)	TOTAL (g)	TENCE (h)	LODGING (i)	EXPENSE (j)	MILES (k)	MILEAG (I)	SE SUBSISTENCE (m)	OTHER (n)
							+						
							\vdash		1				
							\vdash						
additional appear is required continue on enother AO 1012 A. BACK leaving the front blank								SUBTOTA	ALS >				
additional space is required, continue on another AO 1012-A, BACK, leaving the front blank.									тот	ALS >			

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on the form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State,

local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however; failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.

Enter grand total of columns (I), (m), and (n), below and in Item 10 on the front of this form.

TOTAL
AMOUNT
CLAIMED